

LOCATION OF WATER WELL: Fraction SW 1/4 NW 1/4 SW 1/4 Section Number 26 Township Number T 25 S Range Number R 02 E

County: Sedgwick

Distance and direction from nearest town or city street address of well if located within city?

Approx. 3 miles SE of Furley, Kansas

WATER WELL OWNER:

RR#, St. Address, Box #:

City, State, ZIP Code:

NIES
8808 North 127th Street East
Valley Center, Kansas 67147

Board of Agriculture, Division of Water Resources

Application Number:

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

DEPTH OF COMPLETED WELL: 74.0 ft. ELEVATION: 1317.5

Depth(s) Groundwater Encountered 1. 48.5 ft. 2. 53.1 ft. 3. 53.1 ft.

WELL'S STATIC WATER LEVEL 53.1 ft. below land surface measured on mo/day/yr 10/05/84

NA Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 8 in. to 52.0 ft., and 3 7/8 in. to 74.0 ft.

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well

1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)

2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well Test Hole

Was a chemical/bacteriological sample submitted to Department? Yes _____ No ✓; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes _____ No ✓

TYPE OF BLANK CASING USED:

5 Wrought iron

8 Concrete tile

CASING JOINTS: Glued _____ Clamped _____

6 Asbestos-Cement

9 Other (specify below)

Welded _____

7 Fiberglass

Threaded ✓

4 ABS

Blank casing diameter 4 in. to 52.0 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 0.0 in., weight 2 lbs./ft. Wall thickness or gauge No. Sch. 40

TYPE OF SCREEN OR PERFORATION MATERIAL: NA

7 PVC

10 Asbestos-cement

5 Fiberglass

8 RMP (SR)

11 Other (specify)

6 Concrete tile

9 ABS

12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: NA

5 Gauzed wrapped

8 Saw cut

11 None (open hole)

6 Wire wrapped

9 Drilled holes

7 Torch cut

10 Other (specify)

SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.

NA From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.

NA From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GROUT MATERIAL:

1 Neat cement

2 Cement grout

3 Bentonite

4 Other

Grout Intervals: From 74.0 ft. to 0.0 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination: South Disp. Area

10 Livestock pens

14 Abandoned water well

7 Pit privy

11 Fuel storage

15 Oil well/Gas well

8 Sewage lagoon

12 Fertilizer storage

16 Other (specify below)

9 Feedyard

13 Insecticide storage

Haz. Waste Facility

Direction from well? East

How many feet? Approx. 40

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<u>0.0</u> feet	<u>52.0</u> feet	<u>Brown, plastic to highly plastic CLAY to weathered CLAY-SHALE with trace to some calcium carbonate nodules</u>	<u>64</u> feet	<u>74.0</u> feet	<u>BEDROCK- gray to dark gray SHALE with trace white, small GYPSUM fragments from 64 feet to 68 feet, Hard, white GYPSUM with trace, gray SHALE from 68 feet to 74.0 feet.</u>
<u>52</u> feet	<u>64</u> feet	<u>Brown, medium plastic to highly plastic CLAY to weathered CLAY-SHALE with trace to some gray SHALE fragments and trace to some calcium carbonate nodules</u>			

Note: Contaminated (strong organic odor) ground water encountered at depth 48.5 ft (elev 1343.0) while drilling in A-level with 8-in-dia auger. After augering to 52.0 ft (elev 1339.5), static water level was at 34 ft (elev 1357.5).

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 10/08/84 and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. 416 This Water Well Record was completed on (mo/day/yr) 10/25/84

under the business name of Terracon Consultants, Inc. by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.